PTO/SB/05 (11-00) Approved for use through 10/31/2002 OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are req UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. First Inventor		IIZ.0022				
		Michiyo Fujikawa				
Title		DISPOSABLE SURGICAL GOWN				
Everyone Mail Labol No.		EL 52120506211C				

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original, and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) Computer Readable Form (CRF) a. [Total Pages Specification 3. (preferred arrangement set forth below) b. Specification Sequence Listing on: - Descriptive title of the invention i CD-ROM or CD-R (2 copies); or - Cross Reference to Related Applications Statement Regarding Fed sponsored R & D paper - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s)) - Detailed Description **/**9. 37 CFR 3.73(b) Statement - Abstract of the Disclosure 10. Power of Attorney (when there is an assignee) English Translation Document (if applicable) 15 Drawing(s) (35 U.S.C. 113) [Total Sheets Information Disclosure Copies of IDS 12. Statement (IDS)/PTO-1449 Citations 2 5. Oath or Declaration [Total Pages 13. Preliminary Amendment Newly executed (original or copy) Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Copy from a prior application (37 CFR 1.63(d)) Certified Copy of Priority Document(s) (for continuation/divisional with Box 18 completed) 15. (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Request and Certification under 35 U.S.C. 122 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 Signed statement attached deleting inventor(s) òr its èquivalent. named in the prior application, see 37 CFR 1.63(d)(2) and 1 33(b) 17. Other: Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, 18 or in an Application Data Sheet under 37 CFR 1 76 Continuation Divisional Continuation-in-part (CIP) of prior application No.: Group / Art Unit Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label 00832 (Insert Customer No. or Attach bar code label here) Baker & Daniels Name 111 East Wayne Street, Suite 800 Address Fort Wayne State IN Zip Code 46802 Citv Country Telephone 219-424-8000 219-460-1700 Registration No. (Attorney/Agent) Name (Print/Type) Michael S. Gzybowski 32,816

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Date

January 16, 2002

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January 16, 2002

Date

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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

780	

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	Michiyo Fujikawa				
Examiner Name					
Group Art Unit					
Attorney Docket No.	117.0022	_			

METHOD OF PAYMENT	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES						
indicated fees and credit any overpayments to: Deposit	Large E Fee		Small E Fee	ntity Fee	Fee Descr	intion	Fee Paid
Account Number 02-0385	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fe	-	
Deposit	127	50	227		Surcharge - late provisi		over
Account Baker & Daniels Name		400	139	120	sheet Non - English specifica	tion	
Charge Any Additional Fee Required Under 37 CFR §§ 1 16 and 1 17	139	130 2,520			For filing a request for		ation
Under 37 CFR §§ 1 16 and 1 17 Applicant claims small entity status	112				Requesting publication		
See 37 CFR § 1 27	1		440		action Requesting publication		L
2. Payment Enclosed:	113	1,840*	113		action		
Check Credit card Order Other	115	110	215		Extension for reply with		
FEE CALCULATION	116		216		Extension for reply with		
1. BASIC FILING FEE	117		217		Extension for reply with		
Large Entity Small Entity	1	1,440	218		Extension for reply with		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960			Extension for reply with	in tiru monui	
101 740 201 370 Utility filing fee 740.00	119		219	160	Notice of Appeal		
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in support		
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing		
108 740 208 370 Reissue filing fee	138	1,510	138	•	Petition to institute a p		ing
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - una		
SUBTOTAL (1) \$740.00	141	1,280	241	640	Petition to revive - unir		
	142	1,280	242	640	Utility issue fee (or reis	ssue)	
2. EXTRA CLAIM FEES Fee from	143	3 460	243	230	Design issue fee		
Extra Claims below Fee Paid	, 144	620	244	310	Plant issue fee		
Total Claims 17 -20** = 0 X = 0.00 independent 3 -3** = 0 X = 0.00	122	2 130	122	130	Petitions to the Comm		
Claims	123	3 50	123	50	Processing fee under	37 CFR § 1 17(q)
Multiple Dependent	126	180	126	180	Submission of Informa Statement	tion Disclosure	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	1 40	581	40	—	t assignment per	property 40.00
103 18 203 9 Claims in excess of 20	146	5 740	246	370	Filing a submission af (37 CFR § 1.129(a))		
102 84 202 42 Independent claims in excess of 3	149	9 740	249	370	For each additional in (37 CFR § 1.129(b))	vention to be exar	mined
104 280 204 140 Multiple dependent claim, if not paid	179	9 740	279	370	Request for Continued	d Examination (R0	CE)
109 84 209 42 ** Reissue independent claims over original patent	169				Request for expedited		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	i		(specify	()	of a design application) 	
SUBTOTAL (2) \$0.00	1						
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**or number previously paid, if greater; For Reissues, see above	- '''		-, 200			oloto (facilitati)	
SUBMITTED BY		Regre	tration N	io I		olete (if applicable)	210.424.0000
Name (Print/Type) Michael S. Gzybowski			ey/Agent		32,816 Telep	ohone	219-424-8000

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Signature

CERTIFICATE OF I	MAIL" (37 CFR 1.10)	Docket No. IIZ0022					
Serial No.	Examiner	Group Art Unit					
Invention: DISPOSABL	LE SURGICAL GOWN						
I hereby certify that the UTILITY PATENT AP	e following correspondence:						
L	(Identify type	of correspondence)					
is being deposited with	n the United States Postal Servi	ce "Express Mail Post Office to Add	dressee" service under				
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on JANUARY 16, 2002 (Date) MICHELLE L. NEAL (Typed or Printed Name of Person Mailing Correspondence) (Signature of Person Mailing Correspondence) EL731285063US ("Express Mail" Mailing Label Number)							
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